

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTC-875)

SERIAL NO.
10/629538
APPLICANT(S)

10/11/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6	1	10/18	Canceled			
7						
8						
9	1019	1				
10						
11						
12						
13						
14	1020-1028	Canceled				
15						
16	1029	Canceled				
17						
18						
19						
20	1030-1032	Canceled				
21						
22	1033	1	1			
23						
24						
25						
26	1034	Canceled				
27						
28						
29	1035	1	1			
30						
31	1036	1	1			
32						
33						
34	1037-1038	Canceled				
35						
36						
37	1039	1				
38						
39	1040-1052	Canceled				
40						
41						
42	1053	1				
43						
44	1054	Canceled				
45						
46	1055	1				
47						
48	1056	1				
49						
50	1057-1058	Canceled				
TOTAL IND.		2				
TOTAL DEP.	2	6	2			
TOTAL CLAIMS	2	8				

*		*	
IND.	DEP.	IND.	DEP.
51			
52			
53			
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			